

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13745

State File No.

FILED APR 21 1953

BIRTH NO. REG. DIST. NO. 99 PRIMARY REG. DIST. NO. 4168 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY DeKalb		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY DeKalb	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mayville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mayville	
c. LENGTH OF STAY (In this place) life			
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print)		a. (First) HATTIE	b. (Middle) FRANCES	c. (Last) McPHERSON	4. DATE OF DEATH (Month) (Day) (Year) Apr. 11 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Apr. 11 1876	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Abraham Fry		13b. MOTHER'S MAIDEN NAME Eliza Helms		14. NAME OF HUSBAND OR WIFE Geo. McPherson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Leslie McCrea Mayville Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 15 minutes	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **June 1942**, to **April 1953**, that I last saw the deceased alive on **April 10, 1953**, and that death occurred at **6:35 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. Gerald Fowler M.D.		23b. ADDRESS Mayville Missouri		23c. DATE SIGNED 4/13-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-13 1953		24c. NAME OF CEMETERY OR CREMATORY Oak Lawn	
				24d. LOCATION (City, town, or county) (State) Mayville Missouri	

DATE REC'D BY LOCAL REG. 4-12-53		REGISTRAR'S SIGNATURE Kenneth Davidson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS PITCHER FUNERAL HOME MAYSVILLE MO.	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

ES6T 2 NOV

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

C. F. Pilcher
C. F. Pilcher

Licensed Embalmer No. 3960

P. O. Address Maysville Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.